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CONFIRMATION NO. 8452

<b>SERIAL NUMBER</b> 10/618,338	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> TNA-005.04
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/293,417 11/12/2002 ABN which is a CON of 09/293,854 04/16/1999 PAT 6,555,319  
 which is a CON of 08/814,806 03/10/1997 PAT 5,986,065

XZ 6/8/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None

XZ 6/8/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials XZ				

**ADDRESS**

25181

**TITLE**

Antibodies for inhibiting blood coagulation and methods of use thereof

<b>FILING FEE RECEIVED</b> 522	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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